

ATTESTATION PAPER.

No. 826170

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Hughes*
- 1a. What are your Christian names? *John*
- 1b. What is your present address? *Lake Hill P.O. B.C. (near Victoria. B.C.)*
- 2. In what Town, Township or Parish, and in what Country were you born? *Staffordshire, England*
- 3. What is the name of your next-of-kin? *Mary Hill Hughes*
- 4. What is the address of your next-of-kin? *Lake Hill P.O. B.C. (near Victoria. B.C.)*
- 4a. What is the relationship of your next-of-kin? *Wife*
- 5. What is the date of your birth? *November 20th 1878*
- 6. What is your Trade or Calling? *Labourer*
- 7. Are you married? *Yes (1 Child)*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
- 9. Do you now belong to the Active Militia? *No*
- 10. Have you ever served in any Military Force? *No*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? *Yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John Hughes*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *Feb 24th* 191*6* *John Hughes* (Signature of Recruit)
W. Peck (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Hughes*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *July 24th* 191*6* *J. Hughes* (Signature of Recruit)
W. Peck (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at *Victoria B.C.* this *24th* day of *July* 191*6*.
W. Peck (Signature of Justice)

Description of Hughes John on Enlistment.

Apparent Age 28 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 5 ft. 1 ins.

Chest measurement { Girth when fully expanded 32 ins.
 Range of expansion 1 1/2 ins.

Complexion Dark

Eyes Grey

Hair Dark

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist..... Yes
 Baptist or Congregationalist.....
 Roman Catholic.....
 Jewish.....
 Other denominations.....
(Denomination to be stated.)

Nil

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* Fit for the **Canadian Over-Seas Expeditionary Force.**

Date July 24 1916

W. Baynor

Place Victoria B.C.

Captain
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

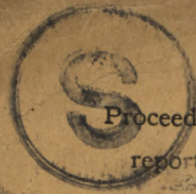
.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Hughes having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date July 24 1916

W. Baynor
 (Signature of Officer)
 OC. 143rd O/S BATT. C.E.F.



Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 23

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

DISCHARGE DOCUMENTS

Name Hughes John

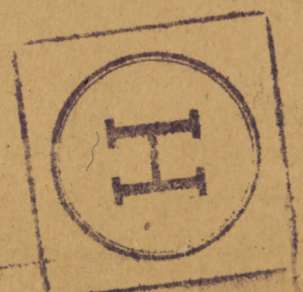
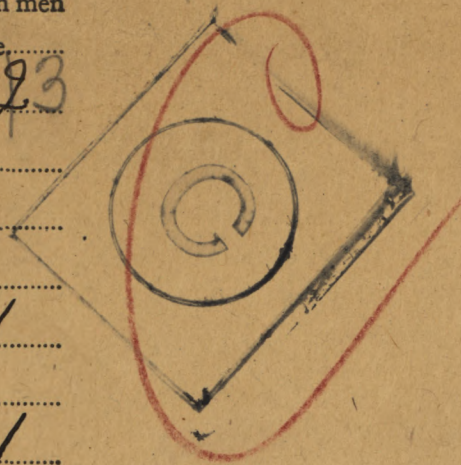
Regt. No. 826170 Rank Pte

Corps 143rd. O.S. Bn., C.E.F.
Defective eyesight

R. O. No.

.....

38312



Payld -

No. 826170 RANK *Pte.*

NAME *Hughes J.*

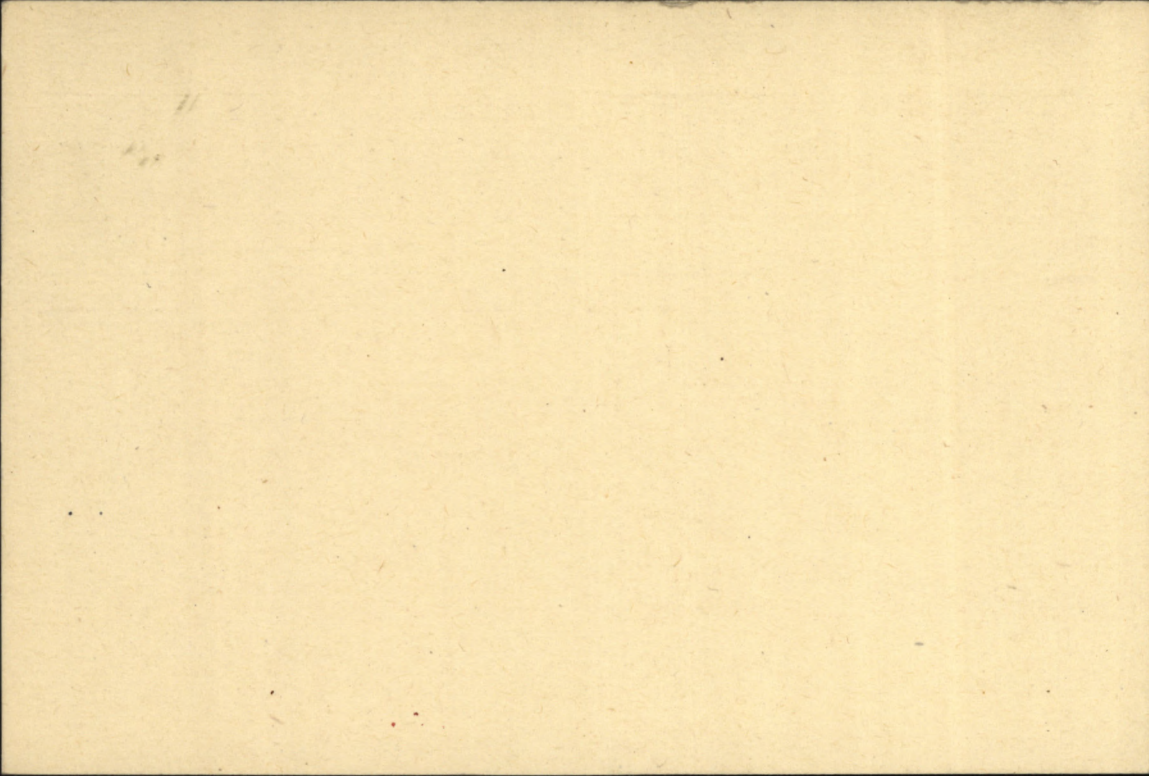
T. O. S. 29-2-16
D. O. 14, 29-2-16.

UNIT *143rd Battalion C. E. F.*

Railway Construction Battalion

M. D. *11.*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i> <i>Feb. 29</i>	<i>1916</i> <i>Feb. 29</i>	<i>m.</i>		
	<i>Mar.</i>	<i>✓</i>		
	<i>Apr.</i>	<i>✓</i>		
	<i>May</i>	<i>✓</i>		
	<i>June</i>	<i>✓</i>		
	<i>July.</i>	<i>✓</i>		
	<i>Aug.</i>	<i>✓</i>		
	<i>Sept.</i>	<i>✓</i>		
<i>Oct 1.</i>	<i>Oct. 13</i>	<i>✓</i>	<i>Dis chgd 13-10-16 M.U. Bo. 203.</i>	UNIT SAILED FEB 17 1917
			<i>a/c closed by Payment S.</i>	



649-H-6108

CARD NO. ✓

SURNAME.

Hughes

CHRISTIAN NAMES

John

FOLL.

S.O.S. Disc. 13/10/16 IV sc

REGL. No.

826140

RANK

Pte

UNIT

143rd

Batt

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Hughes, Mrs Mary Hill

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

Lake Hill P. O. B. C.

COUNTRY OF BIRTH

England Staffordshire

DATE

Nov 20th 1878

PLACE OF ATTESTATION

Victoria B. C.

DATE

Feb 24th 1916

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

38

YEARS

—

MONTHS

—

HEIGHT

5

FEET

1

INCHES

CHEST MEASUREMENT

32

INCHES

EXPANSION

1½

INCHES

COMPLEXION

Dark

EYES

Grey

HAIR

Dark

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Victoria B.C.

DATE

Mar 8th 1916

Present Address:— Lake Hill, P.O., B.C.

MEDICAL HISTORY SHEET.

Surname Hughes Christian Name John

Examined { on 24th day of Feb 1916 at Victoria B.C.
 Birthplace { City or Town Angley Rank Capt Amc. M.O.
 County Staffordsh. Eng.

Approved by W. Rayner
 Apparent age 38 years
 Trade or occupation Labourer
 Height 5 Feet 1 Inches. M.O.
 Weight 106 Lbs. M.O.
 Chest measurement { Minimum 30½ inches. M.O.
 Maximum expansion 32 inches. M.O.
 Physical development Fair M.O.
 Small-Pox Marks M.O.

Vaccination Marks { Arm Right Left 2
 Number

When Vaccinated last at Birth M.O.
 (a) Marks indicating congenital peculiarities or previous disease Nil M.O.

(b) Slight defects but not sufficient to cause rejection
Teeth need attention M.O.
JUL 28 1916
AUG 23 1916
SEP 5 1916 M.O.

Enlisted on 24th day of February 1916 at Victoria B.C.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>143rd O/S C.E.F.</u> <u>(Pantaus)</u>	<u>826170</u>		<u>Feb 24/16</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Sidney B.C.</u>	<u>17/9/16</u>	<u>Defective eyesight</u>	<u>Discharged</u>

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

826170

Surname *Hughes* Christian Name *John*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				

Handwritten notes:
1881
1882
1883
1884
1885

Handwritten notes:
1886
1887
1888
1889
1890

Vertical handwritten text:
DESIGNER T. J. ...
PRINTED ...

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. ⁸²⁶¹⁷⁰ ~~826170~~ Rank Pte. Name J. Hughes

Corps 143rd O/S BATT. C.E.F. who was* Discharged

On 13-10-16 1916, to - - - - -

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-10-16 1916, to 13-10-16 1916, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances } No.			Reg'tl Pay <u>13</u> days at \$ <u>1</u> c	<u>13</u>	<u>00</u>
by } No.			Field Allow. <u>13</u> days at \$ c <u>10</u>	<u>1</u>	<u>30</u>
Assigned Pay No.			Other Allowances*		
Other Charges* <u>Kit .25¢</u>		<u>67</u>	Other Credits*		
<u>Reg fund. 40¢</u>			Bal. Dr. (to be deducted by new unit)		
Payment on transfer or discharge No. <u>0064</u>	<u>13</u>	<u>63</u>			
Balance Cr. (to be paid by the new unit)					
Total	<u>14</u>	<u>30</u>	Total	<u>14</u>	<u>30</u>

*Give Particulars.

A monthly stoppage of \$ nil (†) has - - - - (†) been paid on account of Assigned Pay for the month of Octr 1916 to (Assignee) Mrs. M. Hughes
 (Address) Lake Hill P.O., Victoria, B.C.

(†) Insert amount to be assigned, whether it has been paid or not.
 (†) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of \$ has been paid by Paymaster, Military District No.

REMARKS:—

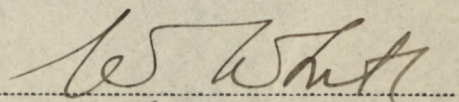
- State (1) date of enlistment 29-2-16
- (2) if married and if a Separation Allowance Card has been submitted Married Yes
- (3) cause of discharge and authority 11 MD 34-W-68 (26-9-16)

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date Yes - Octr 14th, 1916

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 17-10-16

Place Sidney, B.C.


Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.
 For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Rank: Captain, Name: J. H. ...
The following is a statement of the amount of the pay and allowances earned by the member from the date of his last pay to the date of his discharge, inclusive of the date of his discharge.

Basic Pay	13 00	13 00	13 00
Other Pay	13 00	13 00	13 00
Allowances	13 00	13 00	13 00
Total	39 00	39 00	39 00

On Transfer of an Officer...
The member has been paid by the Contingent...
The member has not been paid by the Contingent...

Remarks: ...
Date: 27-10-16
J. H. ...

Fill in Only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

143rd O/S BATT. C. E. F.

Unit, Regiment or Corps

Regimental No. 826170 Rank Private Name John Hughes
C. E. F.
Enlisted (a) 29/2/16 Terms of Service (a) Duration of War Service reckons from (a) 29/2/16
Date of promotion to present rank. } Date of appointment to lance rank. } Numerical position on roll of N. C. Os. }
Extended _____ Re-engaged _____ Qualification (b) Laborer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213. Army Form A. 36, or other official documents.
Date	From whom received				

29-2-16 1-3-16
MILITIA AND DEFENCEM. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE 58

Name

Mary Hughes

Name of Soldier

Hughes John

Address

Lake Hill P.O.
Victoria
B.C.

Regtl. No.

826170

Rank

Pte

Corps

143rd Battr

Relation to Soldier

wife, child or mother

} wife

To what Corps belonging

when called out

PAYMENTS

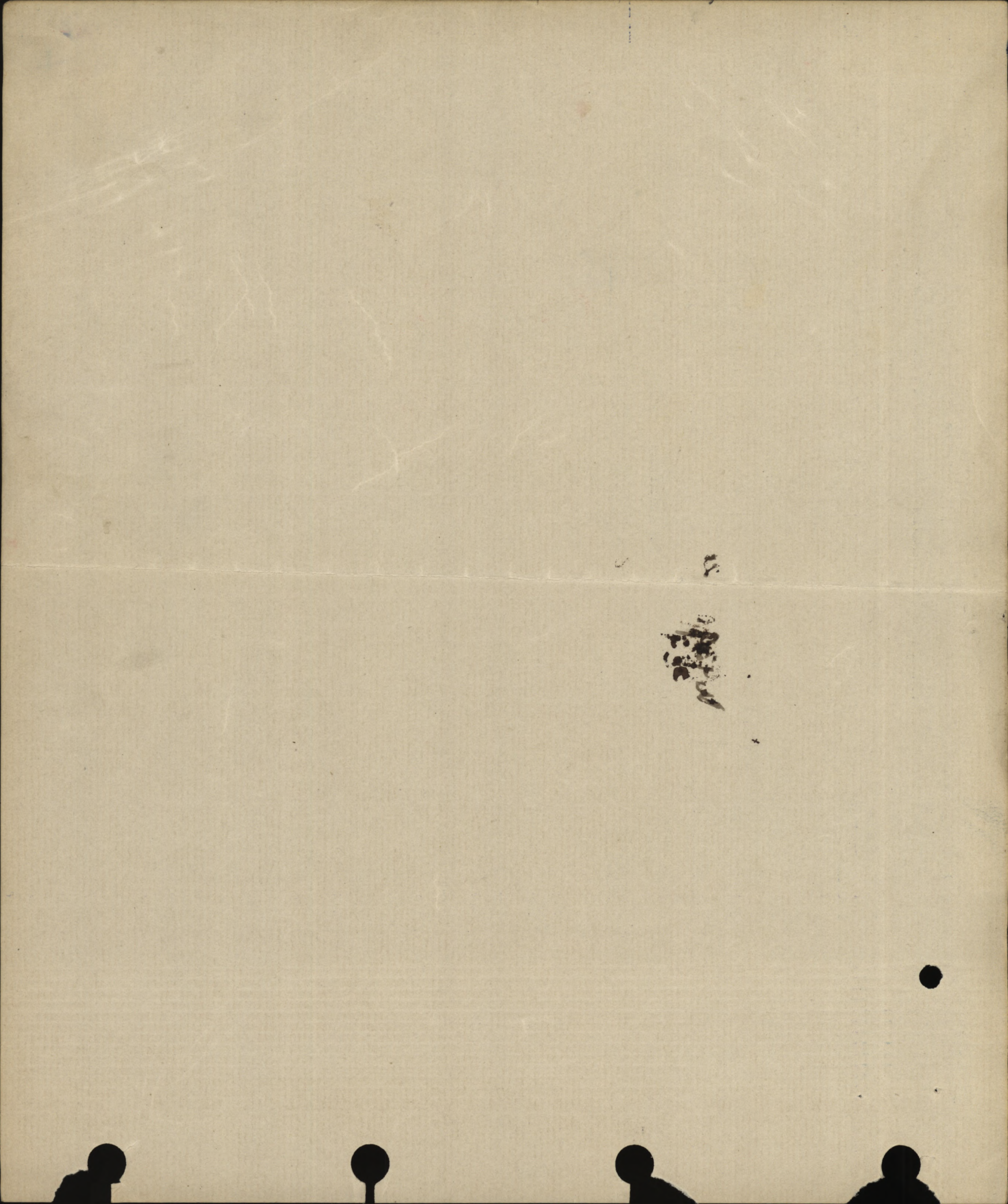
Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ACCOUNT CLOSED
DATE..... PER.....
W-

K29176

21-21

make unit
B.C.



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 89002.-Req. 6213.

*Mary Hughes**wife*
PAYMENTS.

Name of Soldier

Hughes John
826170

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	J 2715	20	20
May	X	668	20	20
June		R 2384	20	20
July		W 9389	20	20
Aug.		Y 12453	19	19 to adj re date.
Sept.		K 17029	20	20
Oct.		S 19460	20	20 Dis 13/10/16 pm 8 14/10/16
Nov.				Return of 11 overpaid requested
Dec.				18/10/16
Jan.	1917			Refunded 11 ⁰⁰ 9-11-16 C.S.# 606
Feb.				(m)
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED
DATE..... PER..... W.

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

143rd O/S BATT. C. E. F.

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	826170.
Rank	Private
Name	John Hughes
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	143rd O/S BATT. C. E. F.
Date of Discharge	Oct. 13/1916
Place of Discharge	Sidney B.C.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

<p>Age.....37.....years.....11.....months.</p> <p>Height.....5.....feet.....1.....inches.</p> <p>Complexion <i>dark</i></p> <p>Eyes <i>grey</i></p> <p>Hair <i>dark</i></p> <p>Trade <i>Labourer</i></p> <p>Intended place of residence } <i>Savannah St. Sidney B.C.</i></p> <p><small>(To be given as fully as practicable.)</small></p>	<p style="text-align: center;">Descriptive Marks</p> <p style="text-align: center; font-size: 2em;">✓</p>
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2. The above-named man is discharged in consequence of *Having defective eyesight.*

Letter H.M.D. 30568 date 26/9/16

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

Good

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Labourer

(OVER)

*Entered
H.M.D.*

*Copy
8/11/16.*

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

5. He is in possession of the following number of G. C. Badges:

✓

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

✓

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Sidney B. C.

Wm. P. Bowley
Lieut. Col.

(Date) Oct. 13/1916

Commanding 143rd O/S. C. E. F.

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Sidney B. C. John Hughes (Signature of Soldier.)

(Date) Oct 13/1916 J. Doderworth (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

✓

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed)..... years..... days.

227

Total..... years..... days.

227

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Sidney B. C.

Wm. P. Bowley
Lieut. Col.

(Date) Oct 13/1916

(Signature) Wm. P. Bowley
Lieut. Col.

143rd O/S BATT. C. E. F.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None
John Hughes

List of Discharge Documents.

<p>Reg. Conduct Sheet, ✓ Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, ✓ " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, ✓ Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on ✓ Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, ✓ Militia Form B. 235.</p> <p>Proceedings on Discharge ✓ " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Present Address: - Lake Hill P.O., Victoria B.C.
 Next of Kin: - Mrs M. H. Hughes (Wife) Lake Hill P.O., Victoria, B.C.

MEDICAL HISTORY OF AN INVALID.

143rd O/S BATT, C. E. F.

1. Station. *Sidney, B.C.* 8. General remarks on his
2. Regiment or Corps. *143rd O/S Batt. C.E.F.* (a) Conduct. *Good.*
3. Regimental No. and Rank. *826170.* (b) Habits. *Good.*
4. Name. *Private Hughes, John* (c) Temperance. *Good.*
5. Age last Birthday. *39* (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on *Feb 29/16*
- at *Victoria, B.C.*
7. Former Trade or Occupation. *Labourer.* Date. *18/9/16*

9. Service. 143rd O/S BATT. C. E. F. Years. Days.

	PERIODS.	
	FROM.	TO.
<i>143rd O/S BATT. C. E. F.</i>	<i>29/2/16.</i>	

10. (a) Disease or disability. *Defective eyesight*
- (b) Date of origin. *unknown*
- (c) Place of origin. *Victoria*
- (d) Cause. *unknown*

11. Present Condition. (Most Important)
 (To include full description of present disabling condition or conditions.)
Inability to hit target owing to defective eyesight

Station. *Sidney*
 Date. *8 Sep 1916*

12. (a) Is the disability the result of service or climate? *u*
- (b) Has it been aggravated by intemperance, vice or misconduct? *u*

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

None

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

no

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

None

14. Treatment

none

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Yes slightly no J.M.B.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

life

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

1/10

18. State if for discharge on account of unfitness for Service.

Yes.

Medical Board

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10.

11.

12.

15.

16.

17.

19. Is he unfit for Military Service.

yes

20. Recommendations :

That he be discharged.

Signatures :—

J. H. Bryant Capt amc
President.

H. W. Mayhewon Capt amc
Members.

Station. *Sidney - Bl.*

Date. *8 Sep. 1916*

APPROVED.

Date. *Sept. 26th 1916.*

Approved.

Date.

W. S. Hall Major,
Assc. Director of Medical Services. A.M.C.
MILITARY DISTRICT NO. XI.

Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

(At Station or Hospital where finally disposed of.)

Station and Hospital }
 Arrived from }

Date

If admitted.

If under treatment.

Disease.

How fully disposed of.

Date of Discharge, &c.

Index No.

From

From

Date

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

Recommendations:

Date of final Medical Board or decision.

Administrative Medical Officer.

Hospital or Station transferred to for final disposal.

Date of final disposal

How finally disposed of

Date

Name *John Hughes.*

Corps *143rd O./S. Batt. C.E.F.*

Regimental No. *226170* Rank *Private*

Station *Sidney, P.B.*

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
 100 m-2-16.
 H. G. 1772-39-117.

Date
 Date
 Date
 Date

The original Report is invariably to accompany the discharge documents of invalids.